

## Foster Family Home - Corrective Action Report

Provider ID: 1-583238

Home Name: Elizabeth A. Etrata, CNA

Review ID: 1-583238-6

94-706 Kaaoki Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/14/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/14/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN  
Compliance Manager

11/14/19  
Date

Elizabeth A. Etrata  
Primary Care Giver

11/14/19  
Date